

## Underserved and Vulnerable Populations Workgroup Meeting Summary - DRAFT January 20, 2010

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Host: Stephanie Oprendeck, Co-Chair

Staff: Lynn Barr and Alana Ketchel, Consultants to CHHS

Notes:

- *Minutes from last meeting posted on Project Space*
- *Next Meeting: Weds., Jan. 27 @ 10 AM*

Partial Participant List:

<ul style="list-style-type: none"><li>• Will Sanson</li><li>• Meg Sheldon</li><li>• Harriet Markell</li><li>• Rena Burns</li></ul>	<ul style="list-style-type: none"><li>• Adil Siddiqui</li><li>• Christina Galstian</li><li>• Becki Melli</li><li>• Tom Stahl</li></ul>
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**Action Items:**

- Group to complete assigned portion of matrix by next meeting (see assignments in summary below)
- Group to seek volunteers to complete yet unassigned sections of the matrix
- Lynn to check with Operations Team as to a process to inform the public about their ability to comment on the Operational Plan

**Meeting Summary:**

1. Timeline/Deliverables

- Reviewed Timeline posted in Documents tab of workspace. Key dates:
  - Feb. 1: First Draft of Workgroup Sections of Operational Plan Due
  - Feb. 26: Final input from all workgroups due, public input starts
  - Mar. 19: Cutoff date for public input
  - Mar. 31: Submitted to ONC
- Reviewed latest version of Underserved HIE Requirements matrix in Documents tab. Emphasized that we need to collect information in the cells of the matrix to make a list of requirements so that the needs of vulnerable and undeserved populations can be addressed through the State's health information exchange architecture.
- Reminder that we want to cast a broad net to start – mention all populations, providers and issues that should be considered and then we can prioritize for what may be accomplished in short term and long term. What we define now can be used by the technical group to ensure what they are designing will meet the long term need.

## 2. Questions on Filling Out the Matrix

- What are you looking for in the cells?
  - As you look at what makes HIE meaningful (immunization registries, clinical results, etc.) it's ensuring these populations will be considered so they have access to participate, that their needs are considered in that larger scale plan.
  - Identify: (1) Recommendations and strategy to address the needs and disparities among underserved and vulnerable populations for inclusion in the HIE Operational Plan and (2) Requirements for incorporation into the technical design to ensure that the meaningful use requirements, as well as the needs and disparities among underserved and vulnerable populations are incorporated into HIE services.
- What level of detail? Do we want to list out, for example, specific information by county of all the disparities?
  - Right now we should understand the complexity (i.e. that there are differences among counties, providers, structures and administrative procedures, etc.) and later we can decide whether we need to tease out the details.
  - For example, if we know that the county systems are all different, we may recommend that a county-specific needs assessment be conducted to determine how to link those systems.
- Should we include specific examples of differences among counties/systems?
  - Ensure the main issues are listed and if you have examples to illustrate them, that would be great.
- Won't providers/populations tabs include some of the same information?
  - Yes – if so, fill out for one or the other but note where there are differences.
- How will public know to comment on the Operational Plan?
  - Lynn will follow up with Operations Team on that point.

## 3. Assignments for Filling Out the Matrix

*(Looking at Providers Tab on Underserved HIE Matrix)*

- FQHC and Non-FQHC Clinics: Lynn suggests CPCA/Community Clinics Association (Christina may be able to help connect CCA)
- Public Health Clinics: Safety Net Institute (Lynn)
- Mobile Clinics/Units: SNI (Lynn)
- Rural: Lynn
- School-based Health Care: Association of School-based Health Clinics (Harriet)
- Dentists: Medi-Cal/Kim Ortiz (Lynn)
- Acute Care: SNI (Lynn)
- Private Practitioners: Medi-Cal/Kim Ortiz (Lynn)

- Critical Care Hospitals: SNI (Lynn)
- Neo-Natal Intensive Care: Arlene
- Emergency Room: CA Hospital Association
- Veterans Administration: State CEA Dept. (Rena)
- IHSS: Meg
- Family Members: tabled – may be personal health record interface
- County Operated Mental Health: Stephanie
- Contracted Mental Health: Harriet
- Substance Abuse: Alana to locate contributors
- Licensing: Change to Oversight/Accountability: Tom
- Social Services/Welfare: Will/Meg
- Long Term Care/Aging: Lynn
- Social Security: Alana
- Medi-Cal FFS: Kim Ortiz (Lynn)
- Medi-Cal Managed Care: Becki Melli
- Healthy Families: Medi-Cal/Kim Ortiz (Lynn)
- Regional Centers: Becki Melli
- Add California Childrens Services: Arlene Lovejoy
- Prisons: Lynn./Alana
- Indian Health Services: Lynn
- Education Coordinating Council in LA County could contribute: Rena
- Notes:
  - We need to capture both the State-level Agency perspective and local perspectives
  - For community organizations category – we need someone who can contribute to homeless-focused organizations (housing/vocational) along with other organizations that provide referrals and other services that should link with clinical.